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Substitute for Form 1449B/PTO				<i>Complete If Known</i>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>				<i>Application Number</i>	09/768,446
				<i>Filing Date</i>	01/24/2001
				<i>First Named Inventor</i>	HOUGHTON, Peter J.
				<i>Art Unit</i>	1614
				<i>Examiner Name</i>	Delacroix Muirhel, Cybille
				<i>Attorney Docket Number</i>	OC01126K
(Use as many sheets as necessary)					
Sheet	1	of	1		

**NON-PATENT LITERATURE DOCUMENTS**

Examiner Signature	/Cybille Delacroix Muirheid/	Date Considered	07/27/2006
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**\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.**

**1** Applicant's unique citation designation number (optional). **2** Applicant is to place a check mark here if English language Translation is attached.  
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